

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>		48	5/10/01
<b>FORMALITY REVIEW</b>	TA RM	JCF44 781	05/14/01
<b>RESPONSE FORMALITY REVIEW</b>			09-05-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 - ..... Restricted 0 ..... Objected

Claim	Date
Final	
Original	
1 ✓ ✓ ✓	3/10/01
2 ✓ ✓ ✓	3/10/01
3 ✓ ✓ ✓	3/10/01
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If more than 150 claims or 10 actions  
staple additional sheet here

**Best Available Copy**

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7c-6/2  
9-6-07